

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 13, 2002 8:00 am**  
**Secretary of State**

05-13-2002 90084 041 \*\*\*\*70.00

**DOCUMENT # N93000005400**

1. Entity Name

**FOUNDATION OF THE AMERICAS, INC.**

Principal Place of Business

Mailing Address

% MARIA EUGENIA PINEDO  
 512 SEVILLA AVE.  
 CORAL GABLES FL 33134  
 US

% MARIA EUGENIA PINEDO  
 512 SEVILLA AVE.  
 CORAL GABLES FL 33134  
 US

2. Principal Place of Business

3. Mailing Address

260 Crandon Blvd.

260 Crandon Blvd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 32, Room 146

Suite 32 # 146

City & State

City & State

Key Biscayne, FL

Key Biscayne, FL.

Zip

Country

Zip

Country

33149-1540

U.S.A.

33149-1540

U.S.A.

4. FEI Number

65-0491520

Applied For

Not Applicable

5. Certificate of Status Desired

☒

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PINEDO, MARIA E  
 512 SEVILLA AVE  
 CORAL GABLES FL 33134

Name Douglas D. Stratton, Esq.

Street Address (P.O. Box Number is Not Acceptable)  
 407 Lincoln Road, Suite 2A

City Miami Beach

FL

33139

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4-30-02

**FILE NOW: FEE IS \$61.25**

9. Election Campaign Financing  
 Trust Fund Contribution. ☐

**\$5.00** May Be  
 Added to Fees

**Make Check Payable to  
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	CPVD PINEDO, MARIA E 512 SEVILLA AVE CORAL GABLES FL 33134	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EDST LEVIN, JOEL I 512 SEVILLA AVE CORAL GABLES FL 33134	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TORO, MARIA F 512 SEVILLA AVE. CORAL GABLES FL 33134	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	CPD PINEDO, MEugenia 260 Crandon Blvd. Suite 32 # 146 Key Biscayne, FL. 33149-1540	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EDVST LEVIN, JOEL I 260 Crandon Blvd. Suite 32 # 146 Key Biscayne, FL. 33149-1540	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ALPERT, LIZ 260 Crandon Bld. Suite 32 # 146 Key Biscayne, FL. 33149-1540	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Signature, typed or printed name of signing officer and title if applicable.

4-30-2002

CR2E037 (9/01)